



Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known					
FEE TRANSMITTAL For FY 2006		Application Number	09/896,438				
		Filing Date	June 28, 2001				
		First Named Inventor	Michael BENNETT				
		Examiner Name	J. Borlinghaus				
		Art Unit	3628				
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	324212007700				
TOTAL AMOUNT OF PAYMENT (\$)		910.00					
METHOD OF PAYMENT (check all that apply)							
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____							
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>03-1952</u> Deposit Account Name: <u>Morrison & Foerster LLP</u>							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee							
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments							
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES	EXAMINATION FEES			
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description				Fee (\$)	Small Entity Fee (\$)		
Each claim over 20 (including Reissues)				50	25		
Each independent claim over 3 (including Reissues)				200	100		
Multiple dependent claims				360	180		
Total Claims				Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
16				20 = 0	x 50.00 =	0.00	Fee (\$)
HP = highest number of total claims paid for, if greater than 20.							Fee Paid (\$)
							360.00
							0.00
Indep. Claims				Extra Claims	Fee (\$)	Fee Paid (\$)	
3				- 3 = 0	x 200.00 =	0.00	
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets				Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
				- 100 =	/50	(round up to a whole number) x	
4. OTHER FEE(S)							Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ...							790.00
1251 Extension for response within first month							120.00
SUBMITTED BY							
Signature				Registration No. (Attorney/Agent)	51,230	Telephone	(415) 268-6824
Name (Print/Type)	Michael S. Garabrant			Date	June 1, 2006		